



Medical Release

Birth Date: ___/___/___ Player Gender - Male ___ Female ___

Player Name: _____ Phone Number: (____)____-____

Address: _____ Today's Date: ___/___/___

Parent/Guardian Name: _____ (Print)

List any Medical problem or prohibition Player has: _____

Person to notify in emergency: _____ Phone: (____)____-____

Doctor to notify: _____ Phone: (____)____-____

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Stratford United Soccer Club, CJSA and the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the Stratford United Soccer Club, CJSA and the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Print name: _____ Date: ___/___/___

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the parent or guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature: _____ Print name: _____ Date: ___/___/___